

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10-048096
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	1					
4						
5		1				
6						
7		1				
8						
9		1				
10		1				
11						
12						
13						
14		1				
15						
16		1				
17						
18						
19						
20						
21						
22						
23	1					
24						
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26						
27	1					
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46						
47						
48						
49						
50						
TOTAL IND.	16					
TOTAL DEP.	12					
TOTAL CLAIMS	28					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS